

FILED MAR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4374

State File No.

BIRTH NO.		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. LENGTH OF STAY (in this place) <u>1 Day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pilot Grove</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Joseph Hospital.</u>				d. STREET ADDRESS (If rural, give location) <u>Rural.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Gerald</u>		b. (Middle) <u>Norbert</u>		c. (Last) <u>Lenger</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>March 1st 1943</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Buchanan County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Paul Lenger</u>		13b. MOTHER'S MAIDEN NAME <u>Andrew Oerly</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Paul Lenger, Pilot Grove, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Compound comminuted fracture, Skull</u> <u>Basilar Skull Fracture</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>INJURY - KICKED BY HORSE</u> DUE TO (c) <u>6' 2"</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM</u>		21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE) <u>Pilot Grove, Mo Cooper Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 14 1949 8 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>KICKED BY HORSE</u>			
22. I hereby certify that I attended the deceased from <u>Feb. 14</u> , 19 <u>48</u> , to <u>Feb. 15</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>Feb. 15</u> , 19 <u>48</u> , and that death occurred at <u>8:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Humphreys M.D.</u>				23b. ADDRESS <u>Pilot Grove, Mo</u>		23c. DATE SIGNED <u>Feb. 17/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 17/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Boonville Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Feb-19-49</u>		REGISTRAR'S SIGNATURE <u>Dr. Hooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Goodman & Boller, Boonville, Mo.</u>		ADDRESS	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-10-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

William W. Wood

Signed.....

Student Embalmer

Licensed Embalmer No. 4539

P. O. Address Boonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.